

**This is a fillable form.
Print out when completed.**

Send Application to:

**County of York
Crossroads Community Youth Home
Attn: Ron Wallace
4881 Longhill Road
Williamsburg, VA 23188**

**If you have any questions, please call (757) 258-5106
Fax (757) 258-5131**



GUIDELINES FOR CROSSROADS APPLICATION PACKET

Following is a set of guidelines for completing our application process. Prior to our intake meeting, we will need some of the materials listed under the APPLICATION PACKET section of the checklist.

1. Please fill out the application and face sheet and forward it with copies of the social history, psychologicals, if available, and any other pertinent data under the application requesting placement. Please give a brief description of the youth's behaviors and why you feel he would benefit from placement at Crossroads Community Youth Home.
2. For the intake meeting, please have the parents complete the medical history forms and bring it along with the youth's original birth certificate and Social Security card. If they do not have the original of either the birth certificate or Social Security card, please have them make application for duplicates and bring proof that either or both have been applied for. They are required for placement.
3. If the resident is accepted, we will need our court order and financial agreement signed by your Judge. Naturally our fees are based on the family's ability to pay, but the minimum we expect is \$65.00 a month. For jurisdictions outside the Colonial Group Home Commission, we do request the referring agency pay our current per diem and bill the parents to subsidize their monthly costs.
4. MEDICATION - If the youth is taking a prescribed medication, we will need a physician's medication order (we provide this form) for each medication and a newly filled prescription sealed as dispensed by the pharmacy. **We cannot accept any opened containers of medication.**
5. No later than the day of placement, we **MUST HAVE**:
 - a) our physical exam form completed by a physician,
 - b) the TB test read with results noted,
 - c) immunizations recorded on the physical exam form,
 - d) school records,
 - e) DMV identification
 - f) physician's medication order (if applicable)
 - g) newly filled prescription.

GUIDELINES FOR CROSSROADS APPLICATION PACKET

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The remaining sections of the checklist are for Crossroads use only, but do outline the overall process. We hope this process will expedite the procedure from the time of referral until the youth is placed.

There is an Admission and Release Committee that meets monthly and has established criteria for all admissions, releases, and an appeal process. This criteria is available at Crossroads on request.

To be considered for residence, a child must be:

1. Adjudicated under the Delinquency or Child in Need of Services provisions of the Commonwealth of Virginia.
2. A ward of the Department of Juvenile Justice.
3. A ward of a local Social Services Agency.

Residence will not be provided for youth not wishing to be admitted.

Youth who will normally be denied admission by project personnel include:

1. Those suffering physical addiction to drugs or alcohol, exhibiting symptoms of and/or in danger of suffering withdrawal.
2. Those who have actively attempted suicide and are in need of hospitalization.
3. Those found guilty of:
 - a) forcible rape
 - b) murder
 - c) arson
 - d) attempted homicide
 - e) aggravated assault
 - f) distribution of a controlled substance.

The referring agent must present the case to the A&R Committee:

1. For admission, background information describing why the referral to Crossroads was made and the goals to be accomplished.
2. For release, goals met and a description of the aftercare plan.

If you have any questions, please contact the Director of Crossroads at 757-258-5106.

**Department of
Community Services**

**Division of Juvenile
Services**



Branches of:

**CROSSROADS COMMUNITY YOUTH
HOME**

Community Supervision
Outreach Detention
Electronic Monitoring
Family Oriented Group Homes
Project Insight/House Arrest

PLACEMENT APPLICATION

Date: _____

TO: Crossroads Community Youth Home

FROM: _____ (referring agent)
_____ (agency name/address)

_____ (agency telephone number)

I am requesting that _____ (name)
_____ (date of birth)
_____ (DJJ ID#)
_____ (address)
_____ (telephone number)

be considered for placement at Crossroads Community Youth Home.

1. His physical needs are:

Current treatment is:

PLACEMENT APPLICATION

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2. His educational needs are:

Current status is:

3. His emotional needs are:

Current treatment is:

4. His health needs are:

Current treatment is:

5. His protection needs are:

Currently protected by:

6. He is eligible for residency at Crossroads due to:

7. Based on his known history and behaviors, I ____do, ____do not feel he poses any threat to Crossroads residents, staff, or self. I am basing my opinion on:

8. He and his family have been in family counseling with _____
for _____ length of time on a _____ (frequency) basis.
I recommend that family counseling _____ continue, _____ begin with _____
on a _____ (frequency) basis.

Additional comments:

PLACEMENT APPLICATION

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9. Services mandated by the Court are:

_____ restitution by: _____
_____ community service hours
_____ substance abuse counseling through _____

10. Any other information which would aid in developing a service plan:

Referring Agent Signature

Division of Juvenile Services



Branches of:

CROSSROADS COMMUNITY YOUTH

HOME

Community Supervision

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MEDICAL HISTORY AND MEDICAID INFORMATION

1. Child's Name: _____
2. Sex: ___ F ___ M
3. Date of birth: _____
4. Mother's name: _____
5. Father's name: _____
6. Describe any serious illness or chronic conditions of parents and siblings if known. Check if applicable: ___ None ___ Unknown
7. Has your child received psychological/psychiatric testing or therapeutic treatment?
 ___ No ___ Yes
If yes, please list the doctor's name, address, and date:
8. Please list serious illnesses, infectious diseases, serious injuries, and past hospitalizations:
9. Is your son currently using medication? ___ No ___ Yes
If yes, please explain:

MEDICAL HISTORY AND MEDICAID INFORMATION

PAGE 2

10. Does your son have allergies? ☐ No ☐ Yes
If yes, what medication does he take to relieve symptoms?

11. Does he have a history of substance abuse? ☐ No ☐ Yes
If yes, please explain:

12. Does he have any significant medical problems? ☐ No ☐ Yes
If yes, please explain:

13. Do you give Crossroads staff permission to administer over-the-counter medications when needed? (Examples are Tylenol, cold medication, cough syrup, etc.) ☐ No ☐ Yes

14. Does your son have a special diet:
a) prescribed by a physician for medical reasons? ☐ No ☐ Yes
b) for established religious practices? ☐ No ☐ Yes

If the answer to either question is yes, please furnish us with a copy of the diet signed by a physician or an authority on your religious practices.

15. Is your son enrolled in school? ☐ No ☐ Yes

Last grade completed: _____

Last school attended: _____

MEDICAL HISTORY AND MEDICAID INFORMATION

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16. Have you or anyone else applied or received medical assistance, financial assistance, or food stamps for this youth? ☐ No ☐ Yes

Who: _____

Under what name: _____

From which Social Services Department: _____

Type of assistance: _____

When: _____

Medicaid number (if applicable): _____

Parent/Guardian signature

Date

**Department of
Community Services**

**Division of Juvenile
Services**



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FACE SHEET FOR CHILD'S RECORD

Full name of child: _____

Data obtained on: _____ DOA: _____ DJJ Code #: _____

Last known address: _____

City: _____ State: _____ Zip: _____

City / County of residence: _____ Locality Code: _____

Home phone: _____ DOB: _____ Birthplace: _____

Sex: ___ M ___ F Race / National Background: _____ SSN: _____

Religious Preference of child/family: _____ / _____

Mother's Full Name: _____

Mother's Address: _____

Marital Status: _____ SSN: _____

Home Phone: _____ Business Phone: _____

Father's Full Name: _____

Father's Address: _____

Marital Status: _____ SSN: _____

Home Phone: _____ Business Phone: _____

Custodian (if applicable): _____

Address: _____

Home Phone: _____ Business Phone: _____ SSN: _____

FACE SHEET FOR CHILD'S RECORD

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Stepfather's Name: _____

Stepmother's Name: _____

Siblings:	Name	Address
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

Emergency Contact: _____

Placing Agency: _____

Referring Agent: _____ phone: _____

Casework Supervisor: _____ phone: _____

Committing Offense: _____

Resident assigned to: _____ Intake Staff Signature: _____

Emergency Placement: _____ Yes _____ No

_____ Pre-dispositional _____ Post-dispositional Court date (if pre-dispositional): _____

Date of discharge: _____ Reason for discharge: _____

Names and addresses of persons to whom resident was discharged:

Forwarding address of resident, if known

Department of
Community Services

Division of Juvenile
Services



Branches of:

**CROSSROADS COMMUNITY YOUTH
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COURT ORDER

VIRGINIA: IN THE JUVENILE AND DOMESTIC RELATIONS DISTRICT COURT FOR THE COUNTY /
CITY OF:

YORK	CHARLES CITY
JAMES CITY	KING & QUEEN
WILLIAMSBURG	POQUOSON

IN RE: _____ DOB: _____

THE ABOVE NAMED JUVENILE IS NOW APPEARING BEFORE THIS COURT ON A JUVENILE
PETITION. THIS COURT ORDERS THAT THE SAID JUVENILE BE PLACED IN RESIDENCE UNDER
THE DIRECTION AND CONTROL OF CROSSROADS COMMUNITY YOUTH HOME, WHO HAVE THE
LEGAL AUTHORITY TO ADDRESS HIS MEDICAL, EDUCATIONAL, AND PSYCHOLOGICAL NEEDS.

THE CUSTODIAL PARENT WILL RETAIN THE FINANCIAL RESPONSIBILITY OF ANY MEDICAL,
EDUCATIONAL, AND PSYCHOLOGICAL BILLS INCURRED ON BEHALF OF THE NAMED JUVENILE.

IT IS FURTHER ORDERED BY THE COURT THAT THE SAID JUVENILE COMPLY WITH ALL RULES
AND REGULATIONS OF THE CROSSROADS COMMUNITY YOUTH HOME.

NAME OF PARENT/GUARDIAN: _____

THE PARENT/GUARDIAN OF THE SAID JUVENILE SHALL PROVIDE REASONABLE FINANCIAL
SUPPORT TO CROSSROADS FOR THE SAID JUVENILE IN THE AMOUNT OF \$ _____ PER
MONTH.

ENTERED THIS: _____

JUDGE

**Department of
Community Services**

**Division of Juvenile
Services**



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WHO HAVE THE LEGAL AUTHORITY TO ADDRESS HIS MEDICAL, EDUCATIONAL, AND
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MEDICAL, EDUCATIONAL, AND PSYCHOLOGICAL BILLS INCURRED ON BEHALF OF THE
NAMED JUVENILE.

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ENTERED THIS: _____

JUDGE